BIRTH NO. REG. DIST. NO. 31 RIMARY REG. DIST. NO. 10 Registrar's No. 11 Institution: residence before a. STATE Mo. 1. COUNTY D. CITY (If outside corporate limits, write RURAL and give township) OR TOWN J.	11			OF HEALTH OF M		25	98
S. THE NO. 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where desented lives in the state date from the colored in the co	HUED FE	B 6 1951	STANDARD	CERTIFICATE OF	DEATH s	·	
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I hereby certify that I attended the deceased from San 22, 19 51, to San 26, 19 51, that I last saw the deceased alive on San 26, 19 51, and that death occurred at 23m., from the causes and on the date stated above. a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED A. BURIAL. CREMA- 24b. DATE ON, REMOVAL (Specify) A. BURIAL. CREMA- 24b. DATE 24c NAME OF CEMETERY OR CREMATORY ON, REMOVAL (Specify) BUT 181 /) Jan 29, 1951 Valhalla Cometery St. Louis Co. Mo. TE RECO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS EXPLICATION (City, town, or county) EXPLICATION (State) St. Louis Co. Mo. EX. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	SUICIDE HOMICIDE	(,	home, farm, factory, street, offic	a bidg., etc.)	n, or romanie)	(COUNTY) (SIX	IE)
I hereby certify that I attended the deceased from land 22, 19 51, to land 16, 19 51, that I last saw the deceased alive on land 26, 19 51, and that death occurred at 73mm, from the causes and on the date stated above. a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED (Obegree or title) 23b. ADDRESS 23c. DATE SIGNED (A LOCATION (City, town, or county) (State) (Blate) ON, REMOVAL (Speedty) BUT 1 AL CREMA- 24b. DATE 24c NAME OF CEMETERY OR CREMATORY ON, REMOVAL (Speedty) BUT 1 AL CREMA- 25b. Louis 'Co. Mo. ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl	d. TIME (Month) (Day) (Year)		CURRED 21f. HOW DID IN	LJURY OCCURT	1/43	<u> </u>
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AN 27 1951 J. B. Farata. Kriegshauser 4228 S. Kingshighway Bl	TON, REMOVAL (Breat	Jan 20	1 1			•	prese)
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this		was emb	almed by me	e, or	by	
working under my personal supervision.	Student	Embalmer	No	• • • •	• • • • • • • • • •	

Licensed Embalmer No. 4007

P. O. Address. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.